

Fill in this information to identify the case:

Debtor HUMCO Opco LLC d/b/a CarePoint Health-Hoboken University Medical Center

United States Bankruptcy Court for the: District of Delaware

Case number (if known) 24-12548

 Check if this is an amended filing

Official Form 206Sum

Summary of Assets and Liabilities for Non-Individuals

12/15

Part 1: Summary of Assets

1. Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)

1a. Real property:

Copy line 88 from Schedule A/B

\$11,762,343.08

1b. Total personal property:

Copy line 91A from Schedule A/B

\$71,749,136.41

1c. Total of all property:

Copy line 92 from Schedule A/B

\$83,511,479.50

Part 2: Summary of Liabilities

2. Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Copy the total dollar amount listed in Column A, Amount of claim, from line 3 of Schedule D

\$74,817,161.00

3. Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206EF)

3a. Total claim amounts of priority unsecured claims:

Copy the total claims from Part 1 from line 5a of Schedule E/F

\$12,855,348.28

3b. Total amount of claims of nonpriority amount of unsecured claims:

Copy the total of the amount of claims from Part 2 from line 5b of Schedule E/F

+ \$52,640,817.72

4. Total liabilities

Lines 2 + 3a + 3b

\$140,313,327.00

Fill in this information to identify the case:

Debtor HUMCO Opco LLC d/b/a CarePoint Health-Hoboken University Medical Center

United States Bankruptcy Court for the: District of Delaware

Case number (if known) 24-12548

 Check if this is an amended filing

Official Form 206A/B

Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: CASH AND CASH EQUIVALENTS

1. DOES THE DEBTOR HAVE ANY CASH OR CASH EQUIVALENTS?

No. Go to Part 2.
 Yes. Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor			Current value of debtor's interest
3. CHECKING, SAVINGS, MONEY MARKET, OR FINANCIAL BROKERAGE ACCOUNTS (IDENTIFY ALL)			
Name of institution (bank or brokerage firm) Type of account Last 4 digits of account number			
3.1. IDB BANK	AMENDED MONEY MARKET LOC	4323	\$5,119,445.71
3.2. IDB BANK	AMENDED MONEY MARKET LOC INTEREST	4315	(\$25.00)
3.3. PNC BANK	AMENDED GOV LOCKBOX	9018	\$0.00
3.4. PNC BANK	AMENDED NON-GOV LOCKBOX	8998	\$0.00
3.5. PNC BANK	AMENDED OPERATING ACCOUNT	8891	\$16,343.98
3.6. PNC BANK	AMENDED PAYROLL	9026	\$184,522.71
5 Total of Part 1. ADD LINES 2 THROUGH 4 (INCLUDING AMOUNTS ON ANY ADDITIONAL SHEETS). COPY THE TOTAL TO LINE 80.			\$5,320,287.40

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form.

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. Copy line 5, Part 1.	\$5,320,287.40	
81. Deposits and prepayments. Copy line 9, Part 2.		
82. Accounts receivable. Copy line 12, Part 3.		
83. Investments. Copy line 17, Part 4.		
84. Inventory. Copy line 23, Part 5.		
85. Farming and fishing-related assets. Copy line 33, Part 6.		
86. Office furniture, fixtures, and equipment; and collectibles. Copy line 43, Part 7.		
87. Machinery, equipment, and vehicles. Copy line 51, Part 8.		
88. Real property. Copy line 56, Part 9. →		
89. Intangibles and intellectual property. Copy line 66, Part 10.		
90. All other assets. Copy line 78, Part 11. +		
91. Total. Add lines 80 through 90 for each column. 91a.	\$5,320,287.40	+ 91b.
92. Total of all property on Schedule A/B. Lines 91a + 91b = 92.		\$5,320,287.40

Fill in this information to identify the case:

Debtor HUMCO Opco LLC d/b/a CarePoint Health-Hoboken University Medical Center

United States Bankruptcy Court for the: District of Delaware

Case number (if known) 24-12548

 Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. 1. Do any creditors have claims secured by debtor's property?

No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.

Yes. Fill in all of the information below.

Part 1: List All Creditors with Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

Column A	Column B
Amount of claim	Value of collateral that supports this claim
<i>Do not deduct the value of collateral.</i>	

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any. \$74,817,161.00

Fill in this information to identify the case:

Debtor HUMCO Opco LLC d/b/a CarePoint Health-Hoboken University Medical Center

United States Bankruptcy Court for the: District of Delaware

Case number (if known) 24-12548

 Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

No. Go to Part 2.
 Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim Priority amount

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

Do any creditors have nonpriority unsecured claims? (See 11 U.S.C. § 507).

No.
 Yes.

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

ADDITION

3.122 Nonpriority creditor's name and mailing address

BENEGO VENTURES, LLC
 REGISTERED AGENT – VIVEK GARIPALLI
 11 COLTS GAIT LANE
 COLTS NECK, NJ 07722

As of the petition filing date, the claim is:

Check all that apply.

UNKNOWN

Contingent
 Unliquidated
 Disputed

Basis for the claim:

RELATED PARTY TRANSACTIONS

Is the claim subject to offset?

No
 Yes

ADDITION

3.153 Nonpriority creditor's name and mailing address

BRIAR HILL VENTURES, LLC
 REGISTERED AGENT – THE CORPORATE TRUST
 COMPANY
 820 BEAR TAVERN ROAD
 WEST TRENTON, NJ 08628

As of the petition filing date, the claim is:

Check all that apply.

UNKNOWN

Contingent
 Unliquidated
 Disputed

Basis for the claim:

RELATED PARTY TRANSACTIONS

Is the claim subject to offset?

No
 Yes

(Name)

Part 2: Additional Page

Amount of claim

ADDITION

3.339	Nonpriority creditor's name and mailing address FREEHOLD TRUST	As of the petition filing date, the claim is: <i>Check all that apply.</i>	UNKNOWN
	Date or dates debt was incurred	<input type="checkbox"/> Contingent	
	Last 4 digits of account number:	<input checked="" type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
		Basis for the claim: RELATED PARTY TRANSACTIONS	
		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
ADDITION			
3.391	Nonpriority creditor's name and mailing address HEIGHTS HEALTHCARE SERVICES LIMITED LIABILITY COMPANY REGISTERED AGENT – JOSEPH B. TIBONI, ESQ. 166 SOUTH STREET NEW PROVIDENCE, NJ 07974	As of the petition filing date, the claim is: <i>Check all that apply.</i>	UNKNOWN
	Date or dates debt was incurred	<input type="checkbox"/> Contingent	
	Last 4 digits of account number:	<input checked="" type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
		Basis for the claim: RELATED PARTY TRANSACTIONS	
		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
ADDITION			
3.434	Nonpriority creditor's name and mailing address JAMES LAWLER ADDRESS REDACTED	As of the petition filing date, the claim is: <i>Check all that apply.</i>	UNKNOWN
	Date or dates debt was incurred	<input type="checkbox"/> Contingent	
	Last 4 digits of account number:	<input checked="" type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
		Basis for the claim: RELATED PARTY TRANSACTIONS	
		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
ADDITION			
3.438	Nonpriority creditor's name and mailing address JEFFREY MANDLER ADDRESS REDACTED	As of the petition filing date, the claim is: <i>Check all that apply.</i>	UNKNOWN
	Date or dates debt was incurred	<input type="checkbox"/> Contingent	
	Last 4 digits of account number:	<input checked="" type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
		Basis for the claim: RELATED PARTY TRANSACTIONS	
		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	
ADDITION			
3.456	Nonpriority creditor's name and mailing address JPL HEALTHCARE CONSULTING LIMITED LIABILITY COMPANY REGISTERED AGENT – JAMES LAWLER 27 DEER RUN MILLINGTON, NJ 07946	As of the petition filing date, the claim is: <i>Check all that apply.</i>	UNKNOWN
	Date or dates debt was incurred	<input type="checkbox"/> Contingent	
	Last 4 digits of account number:	<input checked="" type="checkbox"/> Unliquidated	
		<input checked="" type="checkbox"/> Disputed	
		Basis for the claim: RELATED PARTY TRANSACTIONS	
		Is the claim subject to offset?	
		<input checked="" type="checkbox"/> No	
		<input type="checkbox"/> Yes	

(Name)

Part 2: Additional Page

Amount of claim

AMENDED

3.525	Nonpriority creditor's name and mailing address MAPLE HEALTHCARE, LLC 11 COLTS GAIT LANE COLTS NECK, NJ 07722	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	\$14,902,959.00
Date or dates debt was incurred			
Last 4 digits of account number:			
Basis for the claim: PROMISSORY NOTE			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

ADDITION

3.663	Nonpriority creditor's name and mailing address OAK MANAGEMENT, LLC REGISTERED AGENT – TIBONI & TIBONI, LLP 166 SOUTH STREET NEW PROVIDENCE, NJ 07974	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
Date or dates debt was incurred			
Last 4 digits of account number:			
Basis for the claim: RELATED PARTY TRANSACTIONS			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

ADDITION

3.711	Nonpriority creditor's name and mailing address PHEASANT RUN VENTURES, LLC REGISTERED AGENT – THE CORPORATE TRUST COMPANY 820 BEAR TAVERN ROAD WEST TRENTON, NJ 08628	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
Date or dates debt was incurred			
Last 4 digits of account number:			
Basis for the claim: RELATED PARTY TRANSACTIONS			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

ADDITION

3.880	Nonpriority creditor's name and mailing address STRATEGIC VENTURES, LLC 883 ECHO HILL ROAD WESTCHESTER, PA 19382	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
Date or dates debt was incurred			
Last 4 digits of account number:			
Basis for the claim: RELATED PARTY TRANSACTIONS			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

ADDITION

3.968	Nonpriority creditor's name and mailing address VIVEK GARIPALLI ADDRESS REDACTED	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed	UNKNOWN
Date or dates debt was incurred			
Last 4 digits of account number:			
Basis for the claim: RELATED PARTY TRANSACTIONS			
Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

(Name)

Part 2: Additional Page

Amount of claim

ADDITION**3.985 Nonpriority creditor's name and mailing address**

WILLOW HEALTHCARE SERVICES, LLC
 REGISTERED AGENT – JOSEPH B. TIBONI, ESQ.
 166 SOUTH STREET
 NEW PROVIDENCE, NJ 07974

As of the petition filing date, the claim is:*Check all that apply.*

Contingent
 Unliquidated
 Disputed

UNKNOWN

Date or dates debt was incurred**Basis for the claim:**
RELATED PARTY TRANSACTIONS**Last 4 digits of account number:****Is the claim subject to offset?**
 No
 Yes

Part 4:

Total Amounts of the Priority and Nonpriority Unsecured Claims**5. Add the amounts of priority and nonpriority unsecured claims.**

Total of claim amounts

5a. Total claims from Part 1**5a. _____ \$12,855,348.28****5b. Total claims from Part 2****5b. + _____ \$52,640,817.72****5c. Total of Parts 1 and 2**

Lines 5a + 5b = 5c.

5c. _____ \$65,496,166.00

Fill in this information to identify the case:

Debtor

United States Bankruptcy Court for the:

Case number
(if known) Check if this is an amended filing

Official Form 206G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, numbering the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

No. Check this box and file this form with the court with the debtor's other schedules. There is nothing else to report on this form.

Yes. Fill in all of the information below even if the contracts or leases are listed on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B).

Fill in this information to identify the case:

Debtor HUMCO Opco LLC d/b/a CarePoint Health-Hoboken University Medical Center

United States Bankruptcy Court for the: District of Delaware

Case number (if known) 24-12548

 Check if this is an amended filing

Official Form 206H

Schedule H: Codebtors

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Does the debtor have any codebtors?

No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

Yes.

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, *Schedules D-G*. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply

Fill in this information to identify the case:

Debtor HUMCO Opco LLC d/b/a CarePoint Health-Hoboken University Medical Center

United States Bankruptcy Court for the: District of Delaware

Case number (if known) 24-12548

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

Schedule A/B: Assets-Real and Personal Property (Official Form 206A/B)

Schedule D: Creditors Who Have Claims Secured by Property (Official Form 206D)

Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 206E/F)

Schedule G: Executory Contracts and Unexpired Leases (Official Form 206G)

Schedule H: Codebtors (Official Form 206H)

Summary of Assets and Liabilities for Non-Individuals (Official Form 206Sum)

Amended Schedule

Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders (Official Form 204)

Other document that requires a declaration

I declare under penalty of perjury that the foregoing is true and correct.

Executed on 01/22/2025
MM / DD / YYYY

 /s/ Shamiq Syed
Signature of individual signing on behalf of debtor

Shamiq Syed

Printed name

Chief Financial Officer

Position or relationship to debtor